

Part Two

Where Do the Daily Activities of Public Health Fit Into the Core Competencies?

The first installment in this three-part series introduced public health core functions, essential services, and core competencies. This article will try to illustrate how these concepts are incorporated into daily activities at the “average” health department in Kansas. First, a brief discussion about competencies is probably in order.

The Council on Linkages Between Academia and Public Health Practice (COL) drew up the list of skills, knowledge, aptitudes and attitudes they call “core competencies”. Over one hundred distinct competency statements have been identified. They are grouped into nine “domains”, that is, areas of the same or a similar nature. The statements in each of the domains are linked to one another. Mastering the skill described in one competency statement will often make other competencies easier to achieve. The COL identified three levels of public health worker, and wrote sample task and duty lists that distinguish between front line, senior level, and supervisory and management staff. They also defined three levels of skill mastery for each competency, ranging from “awareness” through “knowledgeable” to “proficient.” Okay, that’s probably enough lecture, now for the part where it all fits into health department activities!

As you will remember from our last article, the first public health function we usually speak of is assessment. The first essential service on the list is “monitor health status to identify community health status”. The first domain of the core competencies is related to analytic and/or assessment skills. Are you starting to get the sense that it must be important to look at our clients and the community we live and work in to be certain we identify and meet the needs that exist?

The competencies identified in Domain #1 include skills and activities like “define a problem”, “determine appropriate uses and limitations of both quantitative and qualitative data”, and “identify relevant and appropriate data and information sources”. When we look at concepts and terms like these, it becomes easier to answer the question, “What do these competencies have to do with the daily activities in my health department?”

The goal of essential public health service #1 is “Monitor health status to identify community health problems.” In order to monitor health status, public health must find ways to measure individual and group health parameters, and then decide whether the health issue rises to the level of a community health problem. This may include counting things like the number of clients that utilize a specific service or who voice a particular complaint or need, the number of phone calls from the public for information on specific topics, normal versus abnormal labs, noting how quickly brochures and other information are picked up in the lobby, or any other measurement you can think of that may be significant for your setting. Monitoring health status is not confined just to “counting” of course, it also includes activities like interaction with other providers and meeting with community organizations to explore health related needs of specific populations (often the marginalized segments of our communities).

So, what kind of example can we find in the real world?

In applying for the MCH grant from KDHE, questions were raised in Kingman County about birth and death rates. Pertinent information about Kingman County was obtained by looking at a Joint State Needs Assessment completed in November of 2000. This data showed that the child death rate in Kingman County was much higher than the state average. Information about these deaths showed that some of them were from farm related accidents.

The health department and the K-State Research and Extension at Kingman County wrote and obtained a grant targeting fifth graders in the county with information regarding farm safety. Several area agencies were involved in planning an event that occurred April 21st, 2004 at the Kingman County Fairground Activity Center. Each fifth grader in the county received a t-shirt and a bag with items contributed by local and federal sponsors. Eight stations were set up to promote farm safety. These included:

- First Aid Safety
- Power Take Off Safety
- 4 Wheeler Safety
- Sun Safety
- Large Animal Safety
- Rescue Operation
- Helicopter Med-Vac
- Small Equipment and Power Tool Safety

The event was so successful that plans are already being made to apply for another grant next year and repeat this event.

The health department reviewed the data, made the assessment, and identified the problem. Community partners implemented a successful farm-safety program for the area's fifth grade children. The expected outcome is that the number of farm related deaths in children in Kingman County will decrease as this program targets more children.

This example from Kingman County shows some of the reasons for performing assessment. You can probably think of similar activities from your county. Remember, assessment is only one of the competencies you use in your day-to-day duties.

The final installment of this series will present information on how to complete the Local Public Health and Environment Workforce Training Needs Assessment.